PTO/SB/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10	689232	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR	OTHER THAN SMALL ENTITY	
	FOR	NUMO	NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							<u> ,</u>	OR		,
(37	TAL CLAIMS CFR 1.16(cj)		minus 20 «			x 1	<u> </u>	OR	x s=	
(a. Citic t to(b)) there's a high					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OH.	A.3	1	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+1		OR		
. 11	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	1
"If the difference in column 1 is less than zero, enter 10" in column ? TOTAL OR TOTAL OR TOTAL CLAIMS AS AMENDED - PART II										<u> </u>
	(Column 1) (Column 2) (Column 3)					SMALL	ENTITY	OR .		R THAN ENTITY
AMENDMENT A	2-9-06	CLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (3) C/R 1 McII	60	Minus	60	i . 	x \$ =		OR	K \$ =	
	(3) CFR + 16(e))	11	Minus	" //	•	x 5 =		OR	x \$=	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(0))					+ 5 =		OR	45=	
3	12)-					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	1 / Po	(Colymn 1)		(Column 2)	^`					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEÉ		RATE	ADDI- TIONAL FEE
	Total 137 CFR + 16(ct)	58	Mous	60	=	. s =	71	OR	x 1=	· i
	Independent (37 CFR 1 16)(B	[]	tisnus]]	z	x 3 * ,	Z = I	OR	x 5/_=	
Ą	FIRST PRESENTATION OF MULTIPLE DEPRINDENT CLAIM (3: CFP) TRICIT					1.5_/:		OR	/·,\	
								\\ \\''\!	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESEUT EXTRA	RA1E	ADDI- TIONAL TEE		RATE	FEE FIDMAL
	Deat Section		kunus		ī.	=		OB.	к \$	
	Independent (37 CFF + 16 b)		titings	•••		Y 5=		O R	x \$==	
¥	FIRST PRESENTATION OF MILETUILE DEPENDENT CLAIM 13" CFR 1 1693)					+ 5=	. •	OF	• 5=	
						101AL ADO'L I'EE		CHE T	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "highest Ruinter themousty Paid For" Its THIS SPACE is less than 20, enter "20".										
		denter Freedously								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 movings 1 comprises to complete increasing pathoring, treatment, and sub-influed the conseleted application from the the USPTO. Time will vary depending upon the individual case. Auto-comments on the amount of time you require to consider this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patient and Trademark, Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. SERD TO. Commissionar for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.